

Before reading (or listening to) this talk, I would suggest looking through the following resources to give a bit of background and context.

- Video on the social model of disability  
<https://youtu.be/OgQQ-1TmCaQ>
- Video on the human rights model of disability  
<https://youtu.be/Jig5uNbN3xk>
- Video about what it means to be autistic from an autistic perspective  
<https://youtu.be/QBjWSki5KsQ>
- Patrick Stewart sketch on human rights  
<https://youtu.be/ptfmAY6M6aA>
- Monty Python witch sketch  
[https://youtu.be/zrzMhU\\_4m-g](https://youtu.be/zrzMhU_4m-g)
- What is intersectionality?  
<https://youtu.be/O1isIM0ytkE>
- Summary of neurodiversity related terms.  
<https://neuroqueer.com/neurodiversity-terms-and-definitions/>

# Neurodiversity in church

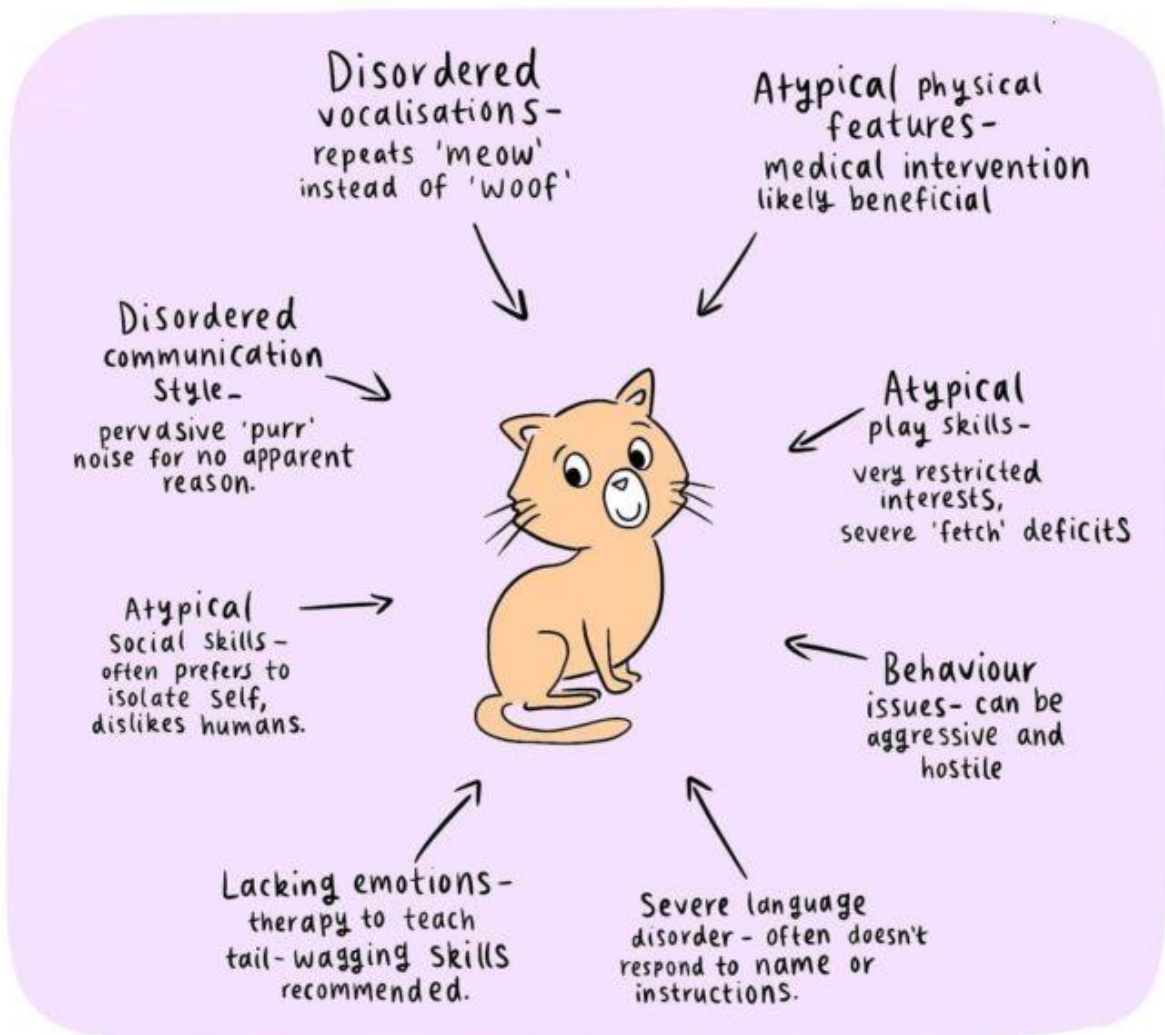
This talk on neurodiversity was delivered by Dr Ewan McNeill at Chapel Allerton Baptist Church on Sunday, 30 April 2023.

The talk started with an all age section which included some visual and interactive elements which are described below.

Ewan stood with a teddy puppet in the shape of a cat.

The following image was on the projector screen behind him.

## Pet with severe communication + behavioural disorder (courtesy of the medical model)



The narrative that accompanied Ewan showing the children his Puppet went something like this.

*I would like you to meet Fido, I was looking for a new pet and thought I would go for a pedigree*

*dog so I searched eBay found a really reputable dog breeder with really cheap prices and bought myself this wonderful pedigree puppy.*

*(Ewan holds up teddy cat puppet on his hand)*

*However when I went to my vet, the best dog vet in the area, my vet told me that Fido was a defective dog.*

*Fido goes meow instead of woof, rather than wagging his tail when happy Fido wags his tail when he is annoyed or upset. Fido is an independent dog and likes spending time on his own. Fido will not play with the other dogs Fido will not fetch a ball or stick and Fido will not go on a lead.*

*In order to remedy this problem behaviour, the vet has suggested that I enrol Fido in some dog training classes which will teach him to be just like the other dogs so he can be normal.*

The children quickly pointed out that Fido was in fact a cat and we had a discussion about how it did not make sense to try and make Fido become a better dog because that was not how Fido was made and that cats are different to dogs and that that is okay.

Next

Ewan then spoke about neurodiversity as a subset of biodiversity.

Neurodiversity means that we're all made differently. In the sense that our brains and our senses operate in different ways; no two people experience the world exactly the same. For some people, people who are neurodivergent, which would include differences such as being autistic, ADHD etc, or something that happens to them later in life, they experience the world more intensely than

other people. This is not right or wrong it is just different. Just like a cat is not a dog. In the natural world we talk about biodiversity. Animals and plants need to be in the right environment in order for them to flourish. A fish is not much good at climbing trees, and a tree is not much good at swimming in the sea. In the same way people whose brains and senses work differently and experience things more intensely need a different environment in order to be able to flourish and do their best. If you put them in the wrong environment they quickly become overwhelmed without the support they rely on in order to survive.

Next

Ewan came to the front of the church with two jugs; a large jug full of water and a medium jug that was empty.

The narrative that followed went something like this.

*I would like you to imagine that you are all going to be asked to take a test. This test is going to be a really easy test and I am sure nobody will have any difficulty in passing the test with flying colours.*

*This jug (Ewan holds up medium-sized empty jug) represents your capacity to focus and concentrate during the test.*

*But before you get to the point of being able to take the test let us have a think about what has happened earlier that day running up to the point at which you start the test.*

*Let us imagine you have woken up early in the morning or been woken up early in the morning say about 4:30am and have not been able to get back to sleep.*

*(Ewan pours some water from the big jug into the medium jug)*

*Next, imagine you could not find the right socks that morning in particular the seams of the socks feel really uncomfortable but you were told you had to leave the house, and you did not have time to find socks that feel right.*

*(Ewan pours more water from the big jug into the medium jug)*

*After that you find your bikes got a puncture and you've run out of spares to fix it. You rely on being able to cycle as a way to self-regulate, to be able to have space to yourself and a quiet environment as you go through the countryside. Instead, today you have to take the bus. The bus is packed; it's busy, too smelly, too loud and too noisy.*

*(Ewan pours some water from the big jug into the medium jug)*

*Next when you walk into the room to take the test you find that there some background music playing but the choice of genre is death metal.*

*(Ewan pours some water from the big jug into the medium jug)*



*You pick up the test paper and notice that it is printed in a really tiny font which means you need to squint to have half a chance of reading what it says.*

*(Ewan pours some water from the big jug into the medium jug; the water is now at the brim of the jug and splashing over the edge)*

*You rightly point out that you are feeling a bit overwhelmed by a combination of the events of the morning that filled up your jug capacity and the access barriers that have just been put in place (the small text and the death metal music). In response, you are told you have to try and do some breathing exercises to help you relax and to overcome the access barriers that were unnecessarily introduced. In trying to implement the breathing exercises it is something else to concentrate on and your jug completely overflows, and you are unable to start the test.*

When your jug overflows it often causes a neurodivergent person to experience a meltdown or shutdown. This is not a choice or

bad behaviour but a response to the too many things making them really stressed and overloaded so they can't cope any more. They are not in the right environment. Their neurotype is not being respected by being in a place where there is a good fit between them and their environment, allowing them to flourish.

(NB relaxation strategies such as breathing exercises can be useful for some people but introducing them without any prior warning when somebody is already overwhelmed is not the best way to go about this.)

NEXT In order to illustrate examples of acquired neurodivergance Ewan tells a ghost story.

About 10 years ago I used to work in a hospital helping people get better after they had experienced a brain injury. One person could see ghosts after the brain injury. To them the ghosts were real and they were not upset or bothered by the ghosts. What they were upset by was that nobody took them seriously or believed them when they talked about being able to see ghosts. I could have tried to address this by giving them a clinical diagnosis (Charles Bonnie syndrome) which explained their experience. Instead, we expanded on the diagnosis by collaboratively writing a story about the ghosts they could see. Saying that this was a real part of their experience, that it was caused by changes in their brain as a result of the brain injury. This story was printed out, laminated, and kept at the end of the person's bed in the hospital so they could point to it and show it to the doctors, nurses, and healthcare assistants who supported them.

In order to help people whose brains work differently, we need to listen to their stories and their experiences.

THE CHILDREN THEN LEFT AND THE NEXT SECTION OF THE TALK CONTINUED.

Content warning: this next section includes distressing material such as reference to genocide, torture, sexual abuse and the pathologising of neurodivergent lived experiences via a medical framework. It also includes stigmatising derogatory language which has been used to refer to marginalised groups in a way that devalues their lived experience.

For those of you who don't know me

I am Ewan, and I am not going to start by talking to you about neurodiversity because my neurodivergent brain likes detail, it likes tangents, and going down rabbit holes. And in order to build an argument for why we should embrace neurodiversity as a radical and egalitarian paradigm we need to deconstruct what it replaces and the flaws of how the lived experiences of neurodivergent people have previously been understood.

I am speaking to you today with multiple hats on.

- Personally, I am multiply neurodivergent myself being both autistic - and dyslexic.
- I am the parent of neurodivergent children.
- It is the area in which I specialise at work as a clinical psychologist for an NHS paediatric autism assessment service in a local hospital.
- I have also worked in the past supporting neurodivergent adults and young people in education and supported living settings, day centres, secure mental health wards,

brain injury rehabilitation services and in outdoor education.

As I illustrated before during the all age section of this talk, neurodiversity is much broader than neurodevelopmental differences, or autism specifically. However, from now on I will be sticking to autism as one example of neurodivergence; partly because we are limited for time - and partly because the neurodiversity movement grew out of the autism rights movement.

Before I go on I would like to acknowledge that I am talking to you from a position of privilege. While I am neurodivergent, it is possible for me to pass in society as, straight, white cis male and middle-class. I also get to put Dr in front of my name and I am lucky enough to work with a small supportive team where my job is to explore with young people whether they are autistic, and to use that privileged position as a respected senior health professional

to help advocate with them where their human rights are not being respected.

This means that in some senses being different, or *'weird'* is an asset for me. I am not an expert by experience; but I am a person who has lived experience of the field in which I have expertise. Being neurodivergent is an identity I can quite easily embrace and speak about openly without many negative repercussions.

Many neurodivergent people experience multiple layers of intersectional oppression and do not have this privilege. This can be especially true in a school setting where bullying and exploitation from peers and discrimination from adults are common experiences. It is not uncommon for me to support young people whose experience of oppression by an under resourced and outdated system would be consistent with PTSD.

Today I will be referring to the experiences of other marginalised minority groups to help us consider the experience of neurodivergent individuals in a world that was not designed to accommodate us. If you are part of a group that I refer to that is not my own lived experience I might get this wrong. I might say something which misrepresents you and I would like to apologise in advance if this is the case and would ask that you correct me and help me learn how I can do better.

However, some elements of this talk will be unapologetically political. The neurodiversity paradigm and the neurodiversity movement are inherently sociopolitical.

When we read the gospels the person of Jesus during his time on earth can be seen as a plain speaking political activist who had an exceptionally strong sense of social justice and valued speaking out against oppression more than fitting in with the societal structures of

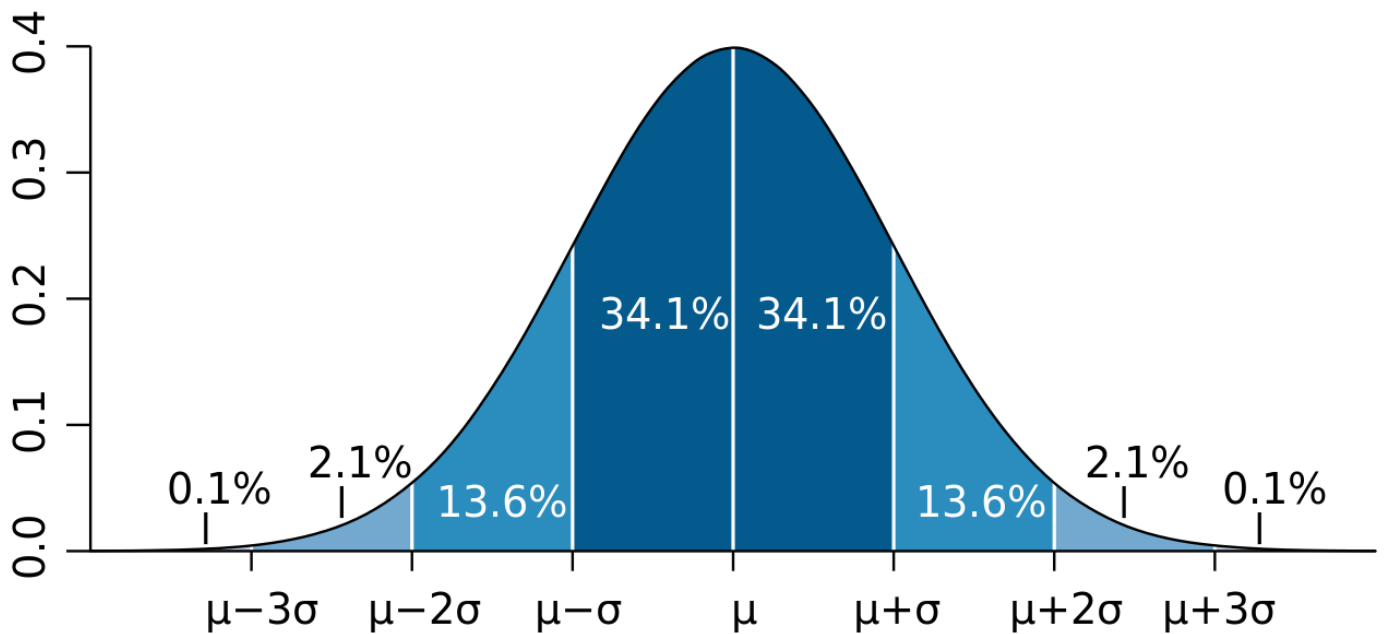


the day. Perhaps Jesus was neurodivergent to, but more on that later.

First I would like us to rewind about 150 years. In the mid-eighteen hundreds Francis Galton (Charles Darwin's cousin) came up with the statistical observation of what we now call a "*bell curve*" or "*normal distribution*". A visual description of the statistical property known as regression to the mean.

(I won't bore you with too much maths I promise.)

PICTURE OF NORMAL DISTRIBUTION.



Galton was also the originator of the term “eugenics” which meant “good breeding”. This was the idea that you could rapidly improve society by encouraging selective marriage and breeding between particular types of people, or social groups which were perceived to be inherently better because they were “normal”. Normal in the sense that they conformed to the standards that were valued by the people in power in a particular society, at a particular point in time.

The construct of *normal* as applied to human society in this context is the misapplication of a statistical property which is inherently neutral. A normal distribution does not mean that outliers, people whose natural characteristics fall towards the edge of the bell curve at either extreme are inherently better or worse. If you take a characteristic such as height. People who are much taller or much shorter than average might be a numerical minority in the statistical sense but that does not (or should not) lead to an explicit or implicit value judgement about their inherent worth as humans. The same applies to different neurotypes, neurodivergent people are not broken versions of 'normal' people; not inherently worse human simply because they are a statistical minority, although quite a large minority.

As the originator of both concepts Galton conflated the idea of a neutral statistical property of chance with a subjective judgement

of an individual's intrinsic worth and morality.  
An idea that has stuck with us to this day.

We currently live in a society whose capitalist plutocratic values give people the message that they are inherently more valuable if they can contribute to the economy by earning lots of money, paying lots of taxes and fitting in with a perceived "right" way of doing things as defined by people in positions of power and influence.

Eugenics gave a pseudoscientific basis for "*othering*" and persecuting minority groups by means of social control. In particular legitimising racism and ableism. *Othering* is a psychological term for when one group of people use negative language about another group of people in order to dehumanise them.

For example you can see this at work in the media today when people refer to refugees fleeing persecution using terms such as “a swarm of migrants”.

When you *other* a socially unpalatable subsection of society by labelling them as, for example "*subnormal mental defectives*" it becomes easier to legitimise human rights abuses because they are seen as sub-human. Such as the widespread introduction of forced sterilisation in the early 1900s (a practice that continued for decades after the 2<sup>nd</sup> world war) and outlawing marriage for these groups of people.

It did not take long for this way of treating people to transition into planned mass scale genocide in the form of Hitler's Third Reich.

We typically think of the atrocities and war crimes from this period of history in relation to anti-Semitic persecution. However that is not how it started. Hitler and his contemporaries began their genocide by killing disabled children under the guise of planned euthanasia in the form of slowly starving them to death in pseudo-hospitals. These children were disabled not because there was anything inherently wrong with them, but because society did not value and provide opportunities for them to express themselves in a way that was consistent with how they experience the world.

Eugenics sought to promote so-called good breeding between what was perceived to be desirable sections of society. However, some of the people who were ostracized, sterilized, locked away tortured and murdered would have been an asset to society and held higher social status in a different time, place and culture.

For example a hunter-gatherer society where attention to detail and quick thinking in high adrenaline situations was an asset. Or a culture such as the Maasai tribe of southern Kenya and northern Tanzania which included the catching and killing of a lion as a rite of passage for young people coming of age.

So why is this important and how does this relate to neurodiversity?

Taking autism as an example. In brief, it is unlikely that autism was first identified by Leo Kanner or Hans Asperger. The two men most often credited with first describing the autistic neurotype (although in a heavily pathologising way that has persisted to this day). They most likely based their papers on the work of Jewish women and men working in Vienna around the time the Third Reich was coming to power.

*If you would like to find out more, there is an interesting book on this called Asperger's children by Edith Sheffer.*

This is important because Asperger most likely had a role in deciding which children were sent to the child killing wards of the Nazi regime and which were spared. Also, this is of key relevance because Asperger's academic writings which still heavily influence how the medical profession defines the diagnostic criteria for autism today were written for a Nazi audience which believed that eugenics was an appropriate means of social control to build a society free of people they had eliminated that did not fit strictly controlled social standards.

The description of the autistic neurotype currently recognised by institutions in our society such as medicine, education and social care, is situated within the psychiatric classification of mental disorders, even though being autistic is not a mental illness. The leviathan of the medical and psychiatric profession defines "normal" as being a narrow cross section of the bell curve we saw earlier within about 1.5 standard deviations of the



mean, or average. The center of the bell curve. This medical model paradigm then goes on to pathologise our experiences as being *deviant* and *disordered* by definition with little objective evidence.

This medical classification structure defines autistic people because of the ways in which they are perceived to fail at being “normal”. Using the majority experience of neurotypical people as a benchmark by which we are judged to fail at being human. The criteria are described with qualifiers such as “failure to” or “deficits in”. This practice is a subjective value judgement which legitimises the othering and dehumanising of autistic people and validates human rights abuses.

It can also be seen in theories of autism. Some of you may have heard of the term “theory of mind” used in relation to autism. This is a theory of autistic experience created by neurotypical people and borrowed from theories of animal behaviour. Within the behaviourist literature studying animals theory

of mind is defined as a quality which sets humans apart from other organisms. When applied to autistic people, saying that we lack a “theory of mind” implies that those of us who are autistic lack an inherent quality which makes humans human. Implicitly defining autistic people as sub-human. It also creates a Catch-22 situation where *sub-human autistic people* are judged incapable of narrating their own lived experience; thereby the only people left who are able to pronounce objective judgement on the autistic experience are neurotypical people, who have been classified by neurotypical researchers as more human than the autistic people whom they have subjugated.

Fortunately new theories such as the double empathy problem created by autistic researchers are now starting to challenge these long-standing erroneous models of autistic experience.

For much of the 20th century psychiatry saw itself as the poor second cousin to other branches of the medical profession. And sought to legitimise its existence by creating a nosological classification structure similar to the classification structures used elsewhere in medicine. Without pausing to consider whether this was an appropriate way to describe conceptualize and support manifestations of distress which often occur for individuals in overwhelming situations who experience many adverse life events. As with most things, it is more nuanced than that. There is merit to psychiatry and many people find benefit from some of the newer medications available. However there continues to be an often unhealthy power imbalance within this field and little acknowledgement of the potential harm created by the current classification systems.

Diagnostic manuals such as the American psychiatric Association's diagnostic and

statistical manual of mental disorders, DSM-5-TR are not neutral. They do not exist for the benefit of clinicians and certainly not for the benefit of the individuals and their experiences whom they purport to describe. They exist to serve a research community which is often funded by large grants from the pharmaceutical industry. Or other purveyors of "cures" and "treatments" which extract billions of dollars from people via the means of medical insurance.

## MOVING BACK TO NEURODIVERSITY

So after a not so brief historical summary of how neurodivergent experiences such as being autistic have been defined and pathologised, what is neurodiversity and how can it offer a different way of understanding such experiences.

Neurodiversity can be approached from multiple angles:

## Neurodiversity as a subset of biodiversity.

Like biodiversity, neurodiversity is an observable facet of natural variation within humans as a species. Leading on from this and in a similar way to biodiversity as a whole, which shows that different organisms flourish best in an environment suited to their needs. People with different neurotypes (such as the autistic neurotype) flourish best in settings where the physical and social environment around them play to their strengths, does not overwhelm them and allows them to be their authentic selves without judgement and persecution.

In the context of neurodiversity as a subset of biodiversity, the term neurodiversity is neutral and does not make any sort of subjective value judgement about what is *"normal"* or *"correct"*.

## The neurodiversity paradigm

Neurodiversity can be thought of as a new paradigm, requiring a paradigm shift from the old medical model paradigm. A paradigm is a completely new and original way of seeing something. For example not that long ago people thought that the earth was flat. After a time, people discovered that the earth was in fact round but thought that the astronomical bodies rotated around the earth. This paradigm was called the geocentric paradigm. Within the geocentric paradigm astronomical observations described the movement of the celestial bodies in terms such as *Saturn's orbit around the earth*. After the realisation that the earth was round all these previous measurements needed to be completely reconsidered from the new paradigm, the heliocentric paradigm in which we now knew that the planets in our solar system orbited the sun.

In the same way that the heliocentric paradigm replaced the geocentric paradigm, the neurodiversity paradigm replaces the medical model paradigm.

## The neurodiversity movement.

Because neurodiversity has “neuro” in it many people presume that it is a hard science based on objective measurements such as other branches of science, eg neurobiology.

However, one of the key strengths of neurodiversity is that it is a social model (not a neurobiological model), which informs a socio-political movement.

The combination of these three:

- Neurodiversity as a subset of biodiversity,
- The neurodiversity paradigm
- The neurodiversity movement

Suggest a radically different framework for understanding neurobiological differences (neurotypes) such as the autistic neurotype.

The neurodiversity paradigm:

- Rejects the notion of “normal”

- Sees all neurotypes as equally valid ways of being which are best fostered by finding an environment that meets the needs of the individual and allows them to flourish.

This works in combination with the social model of disability, but has another key component.

The neurodiversity paradigm is a rights-based framework. Which draws parallels between the experiences of neurodivergent individuals who are oppressed and marginalised by society and other minority groups such as ethnic minorities or the LGBTQIA+ community.

A rights-based framework has been fundamental to advocating for equitable treatment in the LGBTQIA+ community.

But pause for a moment and think of how effective this would have been without the language to make that change possible. If



there was no term “heterosexual” and the only way of defining your experience of sexual attraction was by the word “normal” and the term “homosexual” which had been created in order to subjugate you by labelling your experience as deviant and disordered.

Consider the experiences of the trans community. Without the term ‘cis gender’ and the expectation that you should ask somebody about their preferred pronouns rather than presuming their gender based on their appearance, what linguistic tools would you have for social change.

I am a second-generation psychologist, in that my mother was also a psychologist.

We both completed the clinical psychology training programme in Leeds but she completed it about 50 years ago.

When psychologists were trained 50 years ago, homosexuality was classified as a mental disorder in the same way that being autistic still is today. Trainee psychologists could be expected to treat homosexuality by aversion therapy. Aversion therapy involved administering electric shocks to the penis while someone looked at erotic images of same-sex interaction. This was also a legitimate research interest of the then course director at the University of Leeds.

*Although trainee psychologists were permitted to opt out of administering aversion therapy on ethical grounds.*

Similar human rights abuses are frequently experienced by autistic and otherwise neurodivergent people today. Within the United States there are still settings where people are electrocuted with remote control cattle prods using punishment as a method of behavioural control. An investigation by the United Nations described these practices as torture. People who have spoken out about

this after being incarcerated against their will say they had to mask their inner emotional states by learning not to cry in public to avoid being punished by electric shock. In our own country of the United Kingdom, until very recently it was possible for people to be forcibly incarcerated under the Mental Health Act purely because they were autistic. Many still are because they were locked away prior to this change in the law. A recent Channel 4 dispatches programme "locked away" highlighted numerous human rights abuses for autistic adults only a few miles away from us.

Respectful language is the first step to respectful treatment.

By de-pathologising somebody's lived experience of being different in a world that was not designed for them we take the first step towards emancipation for neurodivergent people.

In order to do this it is vitally important that we have a new lexicon and that this lexicon is used consistently.

Without the tools of language that come with the new neurodiversity paradigm that replaces the medical model paradigm we can never deconstruct the old paradigm that oppresses us.

In order to have the tools for emancipation it is essential that they are understood by all and applied consistently. However they are often misunderstood.

The term neurodiversity rejects normal because it includes everybody. When we use “neurodiversity” or “neurodiverse” as a synonym for autistic or special educational needs et cetera it becomes nothing more than the current politically correct term within the old system. New terms which describe groups by othering them have a political shelf life. Think of terms such as moron, cretin, idiot

imbecile and retard, along with the word “special” said with a particular intonation (all originally medical or legal definitions). These terms are all now derogatory.

Key terms to be aware of are within the neurodiversity paradigm:

### Neurotypical

Neurotypical is used as a neutral term in place of what society describes as “normal” in a similar way to terms like heterosexual and cis gendered.

### Neurodivergent

You are neurodivergent if you feel like a square peg being forced into a round hole when society does not make the effort to create a niche that respects the way you are made. If you hit it hard enough a square peg will go through a round hole but it will be broken with lots of bits smashed off the edge.

Examples of neurodivergent experiences include but are not limited to: autism, dyslexia, ADHD, PTSD, acquired brain injuries and brain changes cultivated by practices such as long-term meditation.

## Neurodiverse

Neurodiverse is a misleading word from a lexical point of view. It is often used in place of neurodivergent\*. But by doing so it reduces the linguistic power of the neurodiversity paradigm by making all the language about people who are different, in a similar way to previous terms which easily become derogatory.

*You can use neurodiverse to refer to groups of people with different neurotypes, for example a group made up of neurotypical people, autistic people, and dyslexic people would be a neurodiverse group. However, it can be more straightforward to stick to just using the terms neurotypical and neurodivergent.*

\*(Diversity is a property of a group and neurodiverse cannot be used to describe an individual).

Neurodiversity scholar Dr Nick Walker defines neurotypicality as a learned performance.

Neurotypical people can learn to feel comfortable being socialised to identify with the expected societal standards of a particular culture and group to which they belong.

In contrast, neurodivergent people cannot do this.

Think of Greta Thunberg, or of an autistic girl who was taken to the wedding of a family acquaintance and publicly reprimanded the father of the bride in the middle of his speech for making racist comments. A common feature of how neurodivergent people experience the

world is a greater concern for social justice than social conformity.

By Dr Walker's definition of neurotypicality, Jesus would be seen as neurodivergent not neurotypical;

and certainly being the incarnate son of God was not the experience of the neurotypical majority of the day.

The implications of the neurodiversity paradigm are that we need to use respectful neutral language to talk about people's live experience.

Within the autistic community this would include.

Using *identity-first* language rather than *person-first* language. In the same way that we would not say *person with gayness*, or *person with*



*tallness*; it is more respectful to talk about an *autistic person* rather than a *person with autism*. (Person-first language is used to describe negative experiences, such as, *person with cancer*.)

Respectful language means abandoning functioning labels such as “*high functioning*” or “*low functioning*” which are pathologising. They situate the difficulty somebody has accessing society within an individual, rather than within the structures that oppress them. From the context of the neurodiversity paradigm it is more appropriate to describe somebody as having high support needs or low support needs.

Autism is misleadingly described as a spectrum, but the concept of autism as a spectrum is too often misunderstood as a linear scale. Think of the visible light spectrum which is depicted as a line.



This analogy with autism as a spectrum gives the impression that you can be a little bit autistic or very autistic.

Many people believe the Autism Spectrum to be something like this...



'Mildly Autistic'  
'High Functioning'  
Level 1



'Moderately Autistic'  
Level 2



'Severely Autistic'  
'Low Functioning'  
Level 3

Where more Autism = less value.



Rather than seeing autism as a linear

spectrum, somebody's support needs will vary over time and vary depending on the fit between the person's needs and the environment they find themselves in.

Using respectful language also means that the term Autism Spectrum Disorder, abbreviated to ASD are pathologising and inappropriate. We can just use the term autistic instead.

SO HOW DOES THIS LINK TO THE BIBLE AND TO THE PERSON OF JESUS.

A common neurotypical trait is a desire for social conformity, often based on the approval and value judgement of your peers. These peers tend to judge an individual's conformity and actions based on the majority social standards of the day.

Jesus did not exemplify this trait.

We read in the gospels that during his time on earth and still today Jesus's message was a radical message of egalitarian love for all which was non-conformist both at the time he was alive and in our society today.

In Paul's letter to the Romans we see that Christians are instructed not to conform to the standards of the world. And in one of Jesus's parables he challenges his followers when they try to prevent the children coming to him saying that we need to become like a child in order to attain the kingdom of God.

Both at a social and a neurobiological level autistic people share some experiences with children. Although this isn't always obvious because society forces them to mask to try and fit in with the expected norm in order to survive.

Some autistic people have an implicit trust in the goodness of human nature and in believing

that people will do what they say they will do. In our current society this can leave them vulnerable to exploitation and coercive relationships. But as a state of being the autistic neurotype is often closer to a child's natural sense of curiosity and wonder as a way of seeing the world. Also, from a neurobiological level neurotypical brains have fewer synaptic connections between neurons than autistic brains. As children grow up, for neurotypical people there is a natural pruning of synaptic connections that are used less often. This doesn't happen in autistic brains to nearly the same extent. One of the ways in which neurons interact with each other is by allowing information to flow sideways through structures called "mini columns". These are present in greater numbers for autistic people and tend to be pruned away in neurotypical people, just like the synaptic connections in neurotypical brains. This difference in neuronal structure within autistic brains is also thought to relate to the sensory differences which autistic people experience.

You can sanitise the gospels by making them into a banal structure that reinforces societal norms. Or you can take the time to read and emulate the radical message of egalitarian love for all that Christ preaches, which involves sticking your neck out and standing out in a society that values the capitalist accumulation of wealth, rather than storing up treasure in heaven.

Neurodiversity covers all of humanity including neurotypical people; in order to support neurodiversity within the church; as well as providing spaces where neurodivergent people feel comfortable being their authentic selves; we (including autistic Christians and otherwise neurodivergent Christians) need to help neurotypical Christians overcome their preference for social affirmation and social conformity, and help them to tolerate the discomfort of being judged as different when they try to follow the radical message of Christ

in a society which will most likely stigmatise them for doing so.

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Thank you for reading / listening, and thank you to *NeuroWild* for permission to use their illustrations.

*Now please watch this video that I didn't have time to show but wanted to end with.*

The Science Love Song

<https://youtu.be/pocNI2YhZdM>

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And watching the BBC TV adaptation of a kind of spark.

<https://www.bbc.co.uk/iplayer/episodes/p0f7q3rv/a-kind-of-spark>

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